



# Nebraska Youth Walkability Checklist

Please encourage children to fill out the checklist on their own. If adult assistance is needed, the answers to the questions should reflect the children's responses. Fill out one checklist per child.

1. Name of your School \_\_\_\_\_

2. What grade are you in? (If an adult, what grade is the child you are walking with?)

K      1      2      3      4      5      6      7      8

3. How many minutes did it take you to: get to school? \_\_\_\_\_  
get home from school? \_\_\_\_\_

4. How do you usually get to school in the morning? (check only one)

\_\_\_ walk                      \_\_\_ ride a bicycle                      \_\_\_ school bus  
\_\_\_ be in a car pool                      \_\_\_ city bus                      \_\_\_ driven by parent/guardian

5. How do you usually get home in the afternoon? (check only one)

\_\_\_ walk                      \_\_\_ ride a bicycle                      \_\_\_ school bus  
\_\_\_ be in a car pool                      \_\_\_ city bus                      \_\_\_ driven by parent/guardian

6. If you usually do not walk or ride a bicycle to or from school, why? (check all that apply)

\_\_\_ I live too far from the school      \_\_\_ It takes too much time      \_\_\_ My parents won't let me  
\_\_\_ Time of day      \_\_\_ Traffic (heavy traffic, speeding)      \_\_\_ No sidewalks/crosswalks  
\_\_\_ It's too much work      \_\_\_ Fear (stranger danger, bullying)      \_\_\_ It's not cool!

Other \_\_\_\_\_

7. If you had any choice, how would you most like to get to school each day? (check only one)

\_\_\_ walk                      \_\_\_ ride a bicycle                      \_\_\_ school bus  
\_\_\_ be in a car pool                      \_\_\_ city bus                      \_\_\_ driven by parent/guardian

8. If you had any choice, how would you most like to get home from school each day? (check only one)

\_\_\_ walk                      \_\_\_ ride a bicycle                      \_\_\_ school bus  
\_\_\_ be in a car pool                      \_\_\_ city bus                      \_\_\_ driven by parent/guardian

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**9. On your walk today**

a. Did you have enough room to walk safely? ☐ Yes ☐ Not always, because:

- \_\_\_ sidewalks or paths started and stopped
- \_\_\_ sidewalks were broken or cracked
- \_\_\_ sidewalks were blocked with poles, signs, dumpsters, etc.
- \_\_\_ sidewalks were blocked with parked cars
- \_\_\_ no sidewalks, paths or shoulders
- \_\_\_ something else? \_\_\_\_\_

Location of the problem(s) \_\_\_\_\_

b. Was it easy to cross streets? ☐ Yes ☐ Not always, because

- \_\_\_ road was too wide
- \_\_\_ parked cars blocked our view of traffic
- \_\_\_ need striped crosswalks or traffic signals
- \_\_\_ traffic signals made us wait too long or did not give us enough time to cross
- \_\_\_ need curb ramps or ramps need repair
- \_\_\_ too much traffic
- \_\_\_ something else? \_\_\_\_\_

Location of the problem(s) \_\_\_\_\_

c. Did drivers behave well? ☐ Yes ☐ Not always, because:

- \_\_\_ backed out of driveways without looking
- \_\_\_ did not yield to people crossing the street
- \_\_\_ drove too fast
- \_\_\_ sped up to make it through yellow lights
- \_\_\_ drove through red lights
- \_\_\_ something else? \_\_\_\_\_

Location of problem(s) \_\_\_\_\_

d. Was your walk pleasant? ☐ Yes ☐ No, because of:

- \_\_\_ scary people
- \_\_\_ litter and trash on the street
- \_\_\_ steep hills
- \_\_\_ unfriendly dogs
- \_\_\_ too much noise
- \_\_\_ few trees and flowers
- \_\_\_ something else? \_\_\_\_\_

Location of problem(s) \_\_\_\_\_

10. Do you plan to walk regularly in the future? ☐ Yes ☐ No, because:

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**Please return this questionnaire to your Walk Day coordinator**  
**Share your results with school board officials, city officials, and community leaders.**  
*For more information, call the Nebraska Cardiovascular Health Program (402)-471-2101*